Board of Health, City of	
Permit No. 94/2 Coffice of Registrar of Vit The Physician who attended any person in a last illness, is responsible to the to the Undertaker or other person superintending the burial, within county-four requested so to do, under penalty of law. No Permit for Burial can be Obtained within	present for of this Certificate, accurately filled hours after the death of said deceased, or sooner,
CERTIFICATE OF	MDEATH.
Date of Death, Opil 22-1887	
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.	Edeary /
Sex, Male or Female, Cross out the word not }	
	Ionths, Days
Cotor, while	
Married, Single, Widow or Widower, { Cross out the word not }	Suigle
0 .:	
Birthplace, {State or country, and how long in the United States.}	re Cili
Duration of Residence in the City of Baltimore,	ife
Place of Death, {Give street and } 18 miles of Death, {Give street and } 21 miles of Death, {Primery)	trut.
Cause of Death, Second (Immediate).	· a //
All the above information should be fornished by the Physician.	monshs
Place of Burial, It Patricks cemely	
Date of Burial, April 25. 1887 Than	tury Brewer M. D.
Undertaker Marlen Fally	Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Place of Business, 606 W. Towen Seng Address, 1

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within orty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and late of death, except in cases of births and deaths of illegitimate children.

Bealth Department, City of Baltimore.
Permit No. 9942/ Office of Registres Ward 8
to the Undertaker or other person superintending the buried resentation of this Certificate, accurately filled on
requested so to do, under penalty of law. No Permit for Burial can be detained whereout a Proper Certificate.
CERTIFICATE DEATH.
Date of Death, april 22-1887
Full Name of Deceased, {Write legibly and spell not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, 56 Years, Months, Days
Color, Inhita -
Married, Single, Widow or Widower, {Cross out the words not } widow [Vidow or Widower, {Cross out the words not }]
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 1105 Barclay st
Cause of Death, Second (Immediate).
Cause of Death, { Second (Immediate), astherwise
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Sharon esta Barford la Mod
Date of Burial, April 24 1584
J Undertaker, W. Weaver M. D. Medical Attendant.
Place of Business, 738 N. Eutan Address, 48 3 4. Exeters
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The special attention of Physicians is kespeculally invited to the Kemarks Delow, and to List of

Place of Business,

The Special Attention of Physicians	is Kespectfully Invited to the Ke	emarks below, and to Lis	st of Diseases on back of t	his Certificate.
Health	Department,	City of ?	Baltimore.	111
Permit No. 99422	Office of Registra	r of Vital Sta	tistics. Ward	0
The Physician who attended a to the Undertaker or other person requested so to do, under penalty of	my person in a last illness, is rest superintending the burial, within	heible for hours after	this Certificate, acc	urately filled out d, or sooner, it
CER	TIFICATE	Omort	TH.	V
Date of Death,	epre 22	1889	, ,	
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names	uilia V	tajda	1
Sex, Male or Female, { rog	of parents. ss out the word not sired in this line.	Bulale		
Age, 33	Years, 7	Months,	- /	Days.
Color,	ture l		V	
Married, Single, Widow	r Widower, {Cross out the word required in this li	ds not char	ried	
Occupation, V	uxe gary			
Birth Place, State or country, as long in the United if of foreign birth.	states, John Eur	'a Clunk	ia) Tylea	5
Duration of Residence in	the City of Baltimore	, My6	ais'	
Place of Death, Give Street as Number.	nd 11-2341	Bhus	ndry a	gu,
Cause of Death, $\begin{cases} \text{First (Pr)} \\ \text{Second ()} \end{cases}$	Immediate), Julia	is pue	,/ ~	
Duration of Last Sicknes		car		
Place of Burial, Da	es. Demedery			
Date of Burial, Chri	224/-	Hon.	houte	7/ 7
(Undertaker, On. C	wach	v ce · ju		м. Д.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address.

Section 2. And he it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

	Board of Hi	ealth, City o	f Baltimore.	
Permit No. 99 The Physician who	423 Office of R	egistrar of Vi	al Statistics. War present wor of this Certificat	d 12 Tr
to the Undertakef or ot requested so to do, unde	her person superintending the r penalty of law. No Permit for Burial Ca	H A m		deceased, or sooner, if
	ERTIFICA			Contraction
Date of Death,	april	22, 188	7	
Full Name of D	eceased, { Write legibly and spectrally. If an infinite not named, give named of parents.	ant brank	m. Buce	-
	male, { Cross out the word not }	m	all Bull	
Age,	34 Years,		Months,	/ Days,
Color,	While	·	٠٠	1/
Married, Single, 1	Widow or Widower, Cr	oss out the word not)	Married	<i>y</i>
Occupation		est.		
Birthplace, State or long in t	country, and how he United States, and birth.	Jallinne	. City	
Duration of Resid	ence in the City of Ba	ltimore, lef	o	
Place of $Death, \{^{Gi}$	ve street and 534	Robert	Thut ,	
Cause of Death	First (Primary), The	0	iñac deseas	ce
	Sickness,	gwek.	1	
Place of Burial Date of Burial,	april 2/4	67 \ Ma	May Brew	- MD
(Undertaker	has J. Deur	en	Medical A	ttendant.
Place of Busine	ess, 925 Mac	ave Address,	1031 The Cull.	hp.
Extract from Regi	lations of the Board of Heal	th to secure a full and City of Baltimore.	correct record of Vital Stat	istics in the
SECTION 2. And be i	it further enacted and ordained,	That whenever any person	on shall die in the said city, it	shall be the duty of

he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within orty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ame can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and late of death, except in cases of births and deaths of illegitimate children.

[OVER]

Place of Business,

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.
Bealth Department, Gity of Baltimore.
Permit No. 99424 office of Registrary of Vited Statistics. West 17
The Physician who attended any person in a last illness, is responsible to the presentation of this Certificate, scurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Christicate.
CERTIFICATE OF DEATH.
Date of Death, Sprie 11 Me 1877
Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, Cross out the word not required in this line.
Sex, Male or Female, {Cross out the word not } {required in this line.}
Age, 76 Years, 9 Months, Days
Color, Mht
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Mariner -
Birth Place, {State or country, and how long in the United States, } llary Canel
Duration of Residence in the City of Baltimore, Il year
Place of Death, {Give Street and } 1500 Marshall A
Place of Death, {Give Street and } /500 Marshall As Cause of Death, {First (Primary), Carebral Softeness Second (Immediate), Carebral Softeness
Duration of Last Sickness, All the above information should be furnished by the Physican.
Place of Burial, Lou(GN) First
Date of Burial, The 25/87 Mm Mones M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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department,	City of	Baltimore.	
Sicone Peristra	" of Wiener By	PARA	0-
erson in a last illness, is resp	possible for the present	tation of this Certificate, acc	Lately filled on
	Sound Jour warmed tribes	sam deceased	d, or sooner, i
	1 79h	AL TERTIFICATE	13
HICATE	OF DI	EATH.	D
sday a	fond 2	oth.	
legibly and spell thy. If an Infant amed, give names		Jaylor	
the word not }	make	4	
Years,	9 Months	2/	Days.
	. /	Colere	-1
idoner Cross out the words	s not		_
required in this line	1/		
		etimer	City
City of Baltimore,		Lile -	Tech
		conde.	S. +
,			
iate),	Preu	inne	
ed by the Physician.	hree	inch	6
· ben			
(20)	11m D	01	
down -	1 " 0 -	Chunn	M. D.
R. A.	ress,	Medical Attendant.	
of Health to secure a t	full and correct rec	oord of the Vital Statist	tios in the
the second secon	department, fice Registral erson in a last illness, is responsible burial, within R ALACANDE OBTAINE FICATE Legibly and spell thy. If an Infant timed, give names ents. he word not this line. City of Baltimore, City of Baltimore, d by the Physician. Addr d of Health to secure a fell of Health to secure a fell d of Health to s	Pepartment, City of Rice Registrar of Vital States of the present in the property of the present in the property of the present in the property of the purial, within wenty-four hands at the present in the property of the present in the property of the present in the present of the present in the present of the present o	Pepartment, City of Baltimore. Micon Abspristrar of Vital Statistics. Ward erson in a last illness, is responsible for the presentation of this Certificate, accounts the burial, within benety four many at the death of said deceased a Alacanage Obtained without a Proper Certificate. HEICATE OF DEATH. Sclay a fond 20th legibly and spell lightly and sp

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Undertaker,...

Place of Business, Leath the Address,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Formale, {Fross out the word not } frequired in this line.} Age, Years, Months, Month	The Special Attention of Physicians is	Respectfully Invited to the	Remarks below, and to	List of Diseases on	back of this Certificate.
The Investion who attended any person in a last illness is exponsible for the presentation of this certificate, accurately filled out to tradefor the control of the person superintending the burial within tradefor the death of said deceased, or sooner, it requested so to do, under penalty of law. No PERSIT FOR BURIAL CAN BE OBTASSED, wireless of English Observation. CERTIFICATE OF DEATH. Date of Death, Full Name of Deceased, {Write legibly and spell correctly. If an infant of parents of parents. Sex, Male or Female, {Cross out the word not } for parents of parents of parents of parents. Married, Single, Widow or Widow or Widow or Widow or {Cross out the words not} for parents of			THE RESERVE THE RESERVE THE PERSON NAMED IN COLUMN TWO STATES AND ADDRESS OF THE PERS		ore.
CERTIFICATE OF DEATH. Date of Death, Wite legibly and spell worrestly. If an Infant of parents. Sex, Male or Formale, {Post of the word not parents. Age, Years, Months, Island Infant of parents. Married, Single, Widow or Widower, {Cross out the words not } Months, Island North Place, {State or country, and how Birth Place, {State or country, and how Number.} If you of Baltimore, Place of Death, {Give Street and Number.} If you of Baltimore, Age, State or country, and how Number.} Cause of Death, {First (Primary), Second (Immediate), Second (Immediate), Island States, All the above information should be furnished by the Physician. Place of Burial, It is the second in the Physician.	Permit No. 991/20 0	fice of Registy	ar of Vitat St	tatistics.	Ward — () ficate, accurately filled out
Date of Death, Gynic 3 3 88 Eleg Relien Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, {Cross out the word not} Age, Years, Months, Single, Widow or Widower, {Cross out the words not} Occupation, Birth Place, {State or country, and how long in the United States, long in the United St	requested so to do under nengity of 19	W			d deceased, or sooner, is
Full Name of Deceased, {Write legibly and speal correctly. If an Infant not named, give names of parents. Sex, Male or Female, {Cross out the word not of parents.} New Years, Months, Months	CERT				
Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, {Cross out the word not of parents. Age, Years, Months, Island Months, Is	Date of Death,	april 5	3 1887	Elin Hel	you
Age, Years, Months, Sminut Days. Color, C Married, Single, Widow or Widower, {Cross out the words not } Coccupation, State or country, and how long in the United States, I Go and States, I Go and States of the Griff of foreign birth. Duration of Residence in the City of Baltimore, Second (Immediate), Second (Immediate), Second (Immediate), Second (Immediate), Second Burial, Cause of Cause of Cause of Burial, Cause of Cause o	Full Name of Deceased, \begin{cases} \text{Wr} \\ \text{cor} \\ \text{of} \end{cases} \end{cases}. \begin{cases} \text{Version} \\ \text{of} \end{cases} \end{cases}. \begin{cases} Cross of	rite legibly and spell rectly. If an Infant t named, give names parents.	lant of	searge !	4 all
Color, C Married, Single, Widow on Widower, {Cross out the words not } Occupation, Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, {Give Street and } Number. Cause of Death, {First (Primary), Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, The City of Baltimore, All the above information should be furnished by the Physician.			Mont	hs, 15	minute Days.
Occupation, Birth Place, {State or country, and how long in the United States, long in the United Sta	Color,				
Birth Place, {State or country, and how long in the United States, for foreign birth. Duration of Residence in the City of Baltimore, Place of Death, {Give Street and Number.} Cause of Death, {First (Primary), Second (Immediate), Asphysican. Place of Burial, Ash Sickness, All the above information should be furnished by the Physician.	Married, Single, Widow or	Widewer, {Cross out the required in the	words not }	1	No.
Duration of Residence in the City of Baltimore, Place of Death, {Give Street and }	Occupation,		011		Y Y
Place of Death, {Give Street and } Asphysical Cause of Death, {First (Primary), Asphysical Second (Immediate), Asphysical All the above information should be furnished by the Physician. Place of Burial, Asphysical	Duration of Residence in	the City of Baltimo	re,	7	1 h
Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, I But I	$Place \ of \ Death, \{^{ ext{Give Street and}}_{ ext{Number.}}\}$	14040	tety !	Coad	30
Place of Burial, It Belts former	Cause of Death, \		· ·		y d
	Duration of Last Sickness. All the above information should be fur	nished by the Physician.	15 Munute	7	
Date of Burian,	Place of Burial, IT IS a Date of Burial,		Jan	Alle	uns.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Undertaker

Place of Business, 0/00

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate. Weyartment, Permit No. 99 Office of Registrer of tatistics. of this Certificate, accurately filled out, the death of said deceased, or sooner, if The Physician who attended any person in a last illness is responsible for the to the Undertaker or other person superintending the burial, within twenty-four hardward requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT hours after Date of Death,. Full Name of Deceased, write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, {Cross out the word not required in this line.} Age, Days Color, Married, Single, Widow Occupation,... Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore. Place of Death, {Give Street and } First (Primary). Cause of Death, Second (Immediate) Duration of Last Sickness All the above information should be furnish Place of Burial. Date of Burial

Address.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in th

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

City of Baltimore.

The Special Attention of Physicians	is Respectfully Invited to the R	emarks below, and to	List of Diseases on Back of	this Certificate.
	Department,			
Permit No. 99428 The Physician who attended any				// -
The Physician who attended any to the Undertaker or other person strequested so to do, under penalty of light No Permit	perintending the burial, wither aw. FOR BURIAL CAN BE OBTAIN			d, or sooher, if
CER	TIFICATE	OF DE	EATH	L
Date of Death,	Op	W Z	$m\gamma\gamma$	7
Full Name of Deceased, $\left\{ \begin{smallmatrix} \mathrm{c} \\ \mathrm{n} \end{smallmatrix} \right\}$	Write legibly and spell prrectly. If an Infant of named, give names parents.	yu 7	errine	/
Sex, Malo of Female, Cross of require		······································		
Age,	Years,	Months,	· \ /	Days
Color, Mu		***************************************	······································	
Occupation,	Widower, {Cross out the wor required in this	ds not line.		
Birth Place, State or country, and long in the United St	how ates,	3200	9/5	
Duration of Residence in t	the City of Baltimore,	Sign	time	
Place of Death, Give Street and Number.	00-11-	MAN	wor- Pl	
Cause of Death, $\left\{egin{array}{l} ext{First (Prim} \\ ext{Second (Im} \end{array} ight.$	6.1	no hory	embro	tur
Duration of Last Sickness. All the above information mould be	furnished by the Physician.	Chris		
Place of Burial, 1900	nu pal	The	100	
Sundertaker, Denny	1 Mitchell	. 18	Medical Attendan	M. D.
Extract from Regulations of the	Board of Health to secure	a full and correct r	ecord of the Vital State	stics in the

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish with twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Place of Business,

The Special Attention of Physicians is Kespectivity invited to the Kemarks below, and to hist of diseases on pack of this certifica
Bealth Department, City of Baltimore.
Permit No. 99-29 Office of Registrar of Vital Statistics. Ward The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled on to the Undertaker or other person superintending the burial within transferour figural lifter the death of said deceased, or sooner, requested so to do, under penalty of law. No Permit for Burial can be obtained without a Proper Certificate.
Date of Death, 20 Opril 1887.
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names } Mrs. Georgeanna Glenn
Sex, Male or Female, {Cross out the word not }
Age, 57 Years, × Months, × Day
Color, White:
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Housefort & Professional nuise.
Birth Place, State or country, and how long in the United States, Washington D.C.
Duration of Residence in the City of Baltimore, about 25 years.
Place of Death, {Give Street and } 1042 Talley Dt.
Cause of Death, { First (Primary), Onemanica Second (Immediate), Bardiac Failer
Duration of Last Sickness, One week. All the above information should be furnished by the Physician.
Place of Burial, Balto Cemetery
Date of Burial, april 24 th 1 37

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Medical Attendant.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]